

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		3			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
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37	1		1			
38	1		1			
39	1		1			
40	3		3			
41	3		3			
42	3		3			
43						
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50						
TOTAL IND.	3		3			
TOTAL DEP.	53		53			
TOTAL CLAIMS	56		56			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS